MAPIR 6.4 Clinical Quality Measures Screenshots for PY2021

Updated April 13, 2021

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The page order of the CQM screens in this document follows the default order as they are initially displayed in MAPIR, which is first by the *Outcome CQMs*, then the *High Priority CQMs*, and then by *Other CQMs*.

The CMS Number for each measure is a hyperlink that will bring you to the relevant page.

For ease of reference, there are three tables in which the CMS number for each measure is a hyperlink that will bring you to the relevant page. The first table is sorted by Measure type (Outcome, High Priority or Other), the second table is sorted by CMS number, and the third table is sorted by NQF number.

CQM List, Sorted by Measure Type: Outcome, High Priority, Other

Click on the link in the CMS# column to navigate directly to the page with the screenshot.

CQM Count	UI Screen #	CMS#	CMS Version #	NQF#	CQM Type	Page #
1	920	<u>133</u>	9.2.000	0565e	1Outcome	9
2	939	<u>159</u>	9.4.000	0710e	1Outcome	10
3	902	<u>75</u>	9.2.000	N/A	1Outcome	11
4	912	122	9.3.000	N/A	1Outcome	12
5	941	165	9.2.000	N/A	1Outcome	13
6	947	771	2.2.000	N/A	1Outcome	14
7	925	138	9.2.000	0028e	High Priority	15
8	932	147	10.2.000	0041e	High Priority	16
9	938	157	9.2.000	0384e	High Priority	17
10	917	129	10.3.000	0389e	High Priority	18
11	901	<u>2</u>	10.2.000	0418e	High Priority	19
12	906	68	10.3.000	0419e	High Priority	20
13	942	177	9.2.000	1365e	High Priority	21
14	943	249	3.2.000	N/A	High Priority	22
15	903	50	9.2.000	N/A	High Priority	23
16	904	56	9.2.000	N/A	High Priority	24
17	905	66	9.3.000	N/A	High Priority	25
18	910	90	10.2.000	N/A	High Priority	26
19	914	125	9.2.000	N/A	High Priority	27
20	916	128	9.2.000	N/A	High Priority	28
21	918	130	9.2.000	N/A	High Priority	29
22	923	136	10.2.000	N/A	High Priority	30
23	924	137	9.3.000	N/A	High Priority	31
24	926	139	9.2.000	N/A	High Priority	32
25	927	142	9.2.000	N/A	High Priority	33
26	931	146	9.2.000	N/A	High Priority	34
27	934	153	9.2.000	N/A	High Priority	35
28	935	154	9.2.000	N/A	High Priority	36
29	936	155	9.2.000	N/A	High Priority	37
30	937	156	9.3.000	N/A	High Priority	38
31	930	145	9.2.000	0070e	×Other	39
32	922	135	9.2.000	0081e	×Other	40
33	929	144	9.2.000	0083e	×Other	41
34	928	143	9.2.000	0086e	×Other	42
35	940	161	9.2.000	0104e	×Other	43
36	907	69	9.3.000	N/A	×Other	44
37	933	149	9.2.000	2872e	×Other	45
38	902	22	9.3.000	N/A	×Other	46
39	908	74	10.2.000	N/A	×Other	47
40	911	117	9.2.000	N/A	×Other	48
41	913	124	9.1.000	N/A	×Other	49
42	915	127	9.2.000	N/A	×Other	50
43	919	131	9.2.000	N/A	×Other	51
44	921	134	9.3.000	N/A	×Other	52
45	944	347	4.3.000	N/A	×Other	53
46	946	645	4.1.000	N/A	×Other	54
47	945	349	3.3.000	N/A	×Other	55

CQM List, Sorted by CMS Number

Click on the link in the CMS# column to navigate directly to the page with the screenshot.

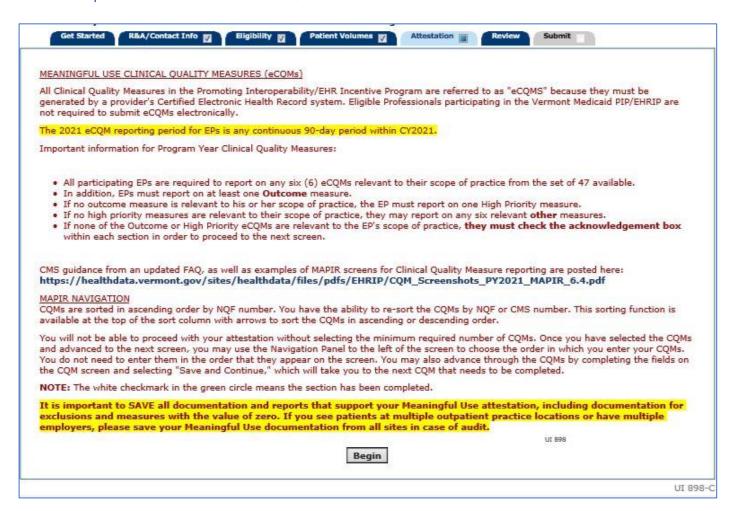
CQM Count	UI Screen #	CMS#	CMS Version #	NQF#	CQM Type	Page #
11	901	2	10.2.000	0418e	High Priority	19
38	902	22	9.3.000	N/A	×Other	46
15	903	50	9.2.000	N/A	High Priority	23
16	904	56	9.2.000	N/A	High Priority	24
17	905	66	9.3.000	N/A	High Priority	25
12	906	68	10.3.000	0419e	High Priority	20
36	907	69	9.3.000	N/A	×Other	44
39	908	74	10.2.000	N/A	×Other	47
3	902	<u>75</u>	9.2.000	N/A	1Outcome	11
18	910	90	10.2.000	N/A	High Priority	26
40	911	117	9.2.000	N/A	×Other	48
4	912	122	9.3.000	N/A	1Outcome	12
41	913	124	9.1.000	N/A	×Other	49
19	914	125	9.2.000	N/A	High Priority	27
42	915	127	9.2.000	N/A	×Other	50
20	916	128	9.2.000	N/A	High Priority	28
10	917	129	10.3.000	0389e	High Priority	18
21	918	130	9.2.000	N/A	High Priority	29
43	919	131	9.2.000	N/A	×Other	51
1	920	133	9.2.000	0565e	1Outcome	9
44	921	134	9.3.000	N/A	×Other	52
32	922	135	9.2.000	0081e	×Other	40
22	923	136	10.2.000	N/A	High Priority	30
23	924	137	9.3.000	N/A	High Priority	31
7	925	138	9.2.000	0028e	High Priority	15
24	926	139	9.2.000	N/A	High Priority	32
25	927	142	9.2.000	N/A	High Priority	33
34	928	143	9.2.000	0086e	×Other	42
33	929	144	9.2.000	0083e	×Other	41
31	930	145	9.2.000	0070e	×Other	39
26	931	146	9.2.000	N/A	High Priority	34
8	932	147	10.2.000	0041e	High Priority	16
37	933	149	9.2.000	2872e	×Other	45
27	934	<u>153</u>	9.2.000	N/A	High Priority	35
28	935	154	9.2.000	N/A	High Priority	36
29	936	<u>155</u>	9.2.000	N/A	High Priority	37
30	937	<u>156</u>	9.3.000	N/A	High Priority	38
9	938	<u>157</u>	9.2.000	0384e	High Priority	17
2	939	<u>159</u>	9.4.000	0710e	1Outcome	10
35	940	<u>161</u>	9.2.000	0104e	×Other	43
5	941	165	9.2.000	N/A	1Outcome	13
13	942	<u>177</u>	9.2.000	1365e	High Priority	21
14	943	249	3.2.000	N/A	High Priority	22
45	944	347	4.3.000	N/A	×Other	53
47	945	349	3.3.000	N/A	×Other	55
46	946	645	4.1.000	N/A	×Other	54
6	947	771	2.2.000	N/A	1Outcome	14

CQM List, Sorted by NQF Number

Click on the link in the CMS# column to navigate directly to the page with the screenshot.

CQM Count	UI Screen #	CMS#	CMS Version #	NQF#	CQM Type	Page #
7	925	<u>138</u>	9.2.000	0028e	High Priority	15
8	932	147	10.2.000	0041e	High Priority	16
31	930	145	9.2.000	0070e	×Other	39
32	922	135	9.2.000	0081e	×Other	40
33	929	144	9.2.000	0083e	×Other	41
34	928	143	9.2.000	0086e	×Other	42
35	940	161	9.2.000	0104e	×Other	43
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16	904	<u>56</u>	9.2.000	N/A	High Priority	24
17	905	<u>66</u>	9.3.000	N/A	High Priority	25
36	907	<u>69</u>	9.3.000	N/A	Other	44
39	908	74	10.2.000	N/A	Other	47
3	902	<u>75</u>	9.2.000	N/A	1Outcome	11
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19	914	125	9.2.000	N/A	High Priority	27
42	915	127	9.2.000	N/A	Other	50
20	916	128	9.2.000	N/A	High Priority	28
21	918	130	9.2.000	N/A	High Priority	29
43	919		9.2.000		Other	51
44	919	131	9.3.000	N/A N/A	Other	52
22	923	134	10.2.000			30
23	923	<u>136</u>	9.3.000	N/A	High Priority	31
		<u>137</u>		N/A	High Priority	
24	926	<u>139</u>	9.2.000	N/A	High Priority	32
25	927	142	9.2.000	N/A	High Priority	33
26	931	<u>146</u>	9.2.000	N/A	High Priority	34
27	934	<u>153</u>	9.2.000	N/A	High Priority	35
28	935	<u>154</u>	9.2.000	N/A	High Priority	36
29	936	<u>155</u>	9.2.000	N/A	High Priority	37
30	937	<u>156</u>	9.3.000	N/A	High Priority	38
5	941	<u>165</u>	9.2.000	N/A	1Outcome	13
14	943	<u>249</u>	3.2.000	N/A	High Priority	22
45	944	<u>347</u>	4.3.000	N/A	×Other	53
47	945	<u>349</u>	3.3.000	N/A	×Other	55
46	946	<u>645</u>	4.1.000	N/A	×Other	54
6	947	<u>771</u>	2.2.000	N/A	1Outcome	14

UI 898 Splash Screen for MU CQMs in MAPIR 6.4



UI 827 MU COM Worklist Table Screenshot from MAPIR

Screenshot 1 of 3

Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist

You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to Main" button to access the main attestation topic list.

Outcome Clinical Quality Measures

NQF# ≡	Measure#	Title	Selection
0565e	CM5133 v9.2.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	
0710e	CMS159 v9.4.000	Depression Remission at Twelve Months	
Not Applicable	CMS75 v9.2.000	Children Who Have Dental Decay or Cavities	
Not Applicable	CM5122 v9.3.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	
Not Applicable	CMS165 v9.2.000	Controlling High Blood Pressure	
Not Applicable	CMS771 v2.2.000	Urinary Symptom Score Change 6 - 12 Months After Diagnosis of Benign Prostatic Hyperplasia	

[☐] None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.

Screenshot 2 of 3

High Priority Clinical Quality Measures

NQF# ≘	Measure# 😅	Title	Selection
0028e	CM5138 v9.2.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	
0041e	CMS147 v10.2.000	Preventive Care and Screening: Influenza Immunization	
0384e	CMS157 v9.2.000	Oncology: Medical and Radiation - Pain Intensity Quantified	
0389e	CM5129 v10.3.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	
0418e	CMS2 v10.2.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	
0419e	CM568 v10.3.000	Documentation of Current Medications in the Medical Record	
1365e	CMS177 v9.2.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	
3475e	CM5249 v3.2,000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	
Not Applicable	CMS50 v9.2.000	Closing the Referral Loop: Receipt of Specialist Report	
Not Applicable	CMS56 v9.2.000	Functional Status Assessment for Total Hip Replacement	
Not Applicable	CMS66 v9.3.000	Functional Status Assessment for Total Knee Replacement	
Not Applicable	CM590 v10.2.000	Functional Status Assessments for Congestive Heart Failure	
Not Applicable	CMS125 v9.2.000	Breast Cancer Screening	
Not Applicable	CMS128 v9.2.000	Antidepressant Medication Management	
Not Applicable	CMS130 v9.2.000	Colorectal Cancer Screening	
Not Applicable	CMS136 v10.2.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	
Not Applicable	CMS137 v9.3.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
Not Applicable	CMS139 v9.2.000	Falls: Screening for Future Fall Risk	
Not Applicable	CMS142 v9.2.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	
Not Applicable	CM5146 v9.2.000	Appropriate Testing for Pharyngitis	
Not Applicable	CMS153 v9.2.000	Chlamydia Screening for Women	
Not Applicable	CMS154 v9.2.000	Appropriate Treatment for Upper Respiratory Infection (URI)	
Not Applicable	CMS155 v9.2.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	
Not Applicable	CMS156 v9.3.000	Use of High-Risk Medications in Older Adults	

 $[\]square$ None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

Screenshot 3 of 3

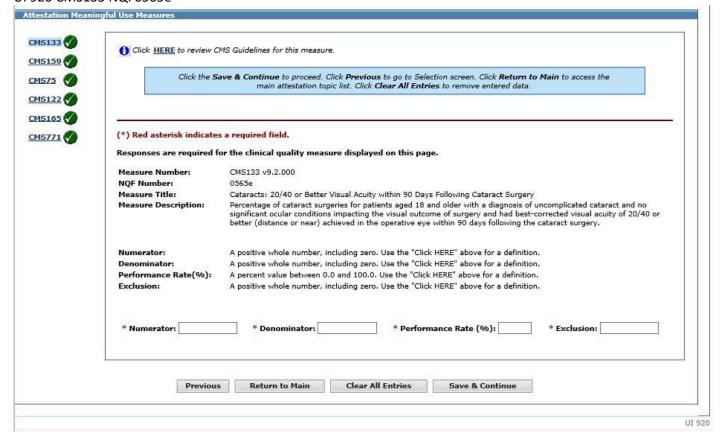
NQF# ⊒	Measure#	Title	Selection
0070e	CMS145 v9.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	
0081e	CMS135 v9.2.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0
0083e	CMS144 v9.2.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
0086e	CM5143 v9.2.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	
0104e	CMS161 v9.2.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	
2872e	CMS149 v9.2.000	Dementia: Cognitive Assessment	
Not Applicable	CMS22 v9.3.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	
Not Applicable	CMS69 v9.3.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	
Not Applicable	CMS74 v10.2.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	
Not Applicable	CMS117 v9.2.000	Childhood Immunization Status	
Not Applicable	CMS124 v9.1.000	Cervical Cancer Screening	
Not Applicable	CMS127 v9.2.000	Pneumococcal Vaccination Status for Older Adults	
Not Applicable	CM5131 v9.2.000	Diabetes: Eye Exam	
Not Applicable	CMS134 v9.3.000	Diabetes: Medical Attention for Nephropathy	
Not Applicable	CMS347 v4.3.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	
Not Applicable	CMS645 v4.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	
Not Applicable	CMS349 v3.3.000	HIV Screening	

The Clinical Quality Measures reporting date range must consist of at least 90 days.

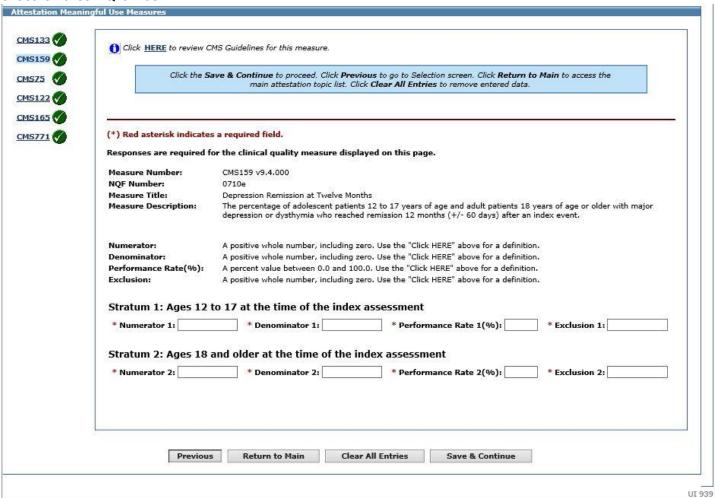
Return to Main	Reset	Save & Continue

Screenshots of MAPIR 6.4 CQMs for PY2021

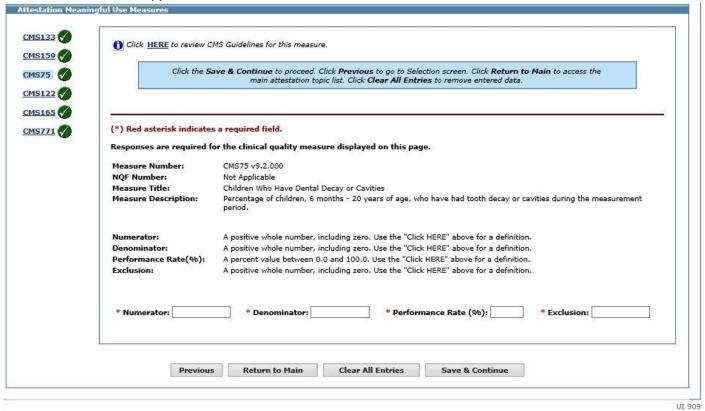
UI 920 CMS133 NQF0565e



UI 939 CMS159 NQF0710e

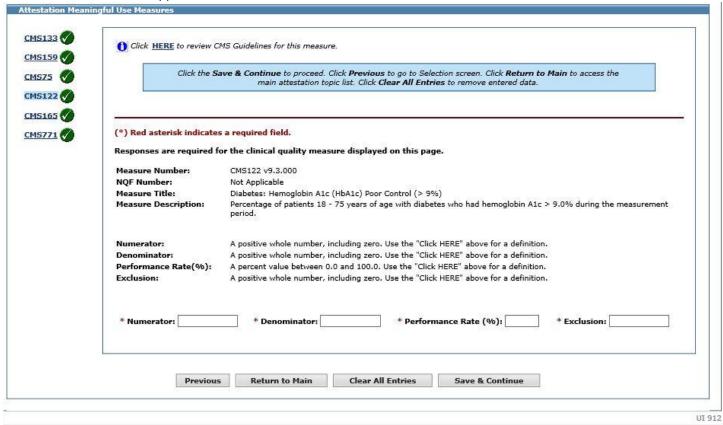


UI 909 CMS75 NQF not applicable

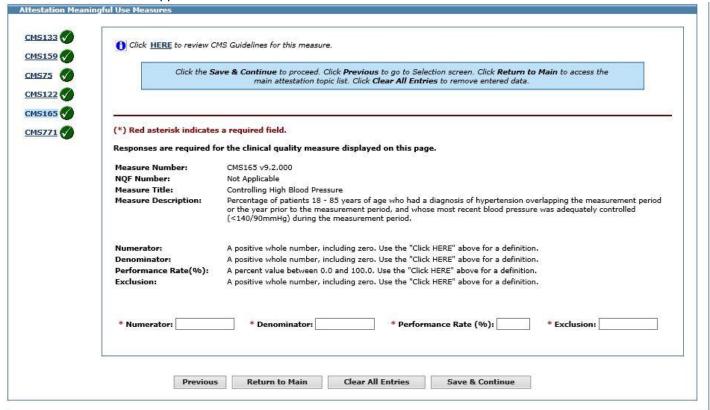


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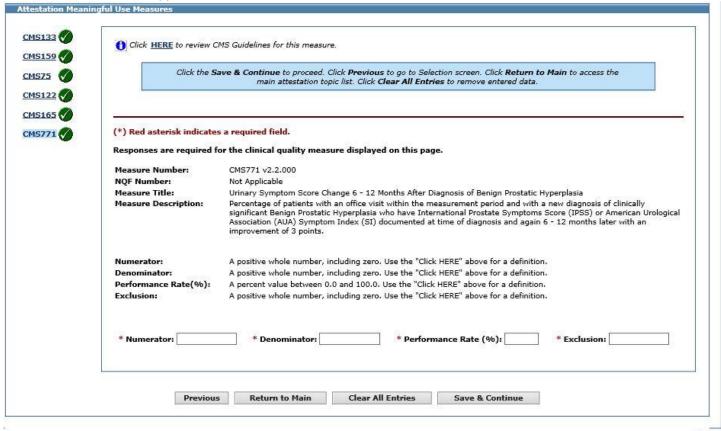
UI 912 CMS122 NQF not applicable



UI 941 CMS165 NQF not applicable



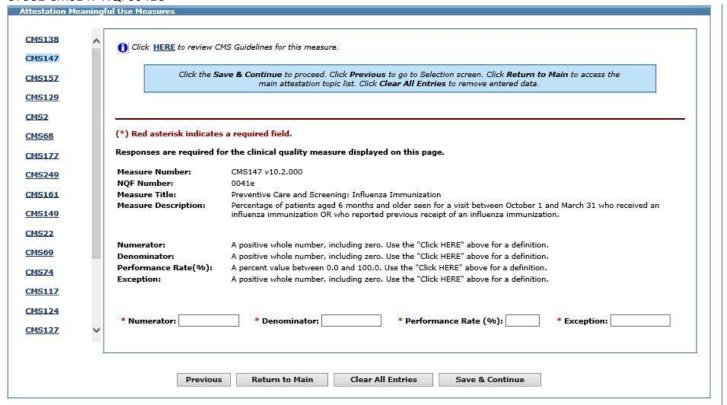
UI 947 CMS771 NQF not applicable



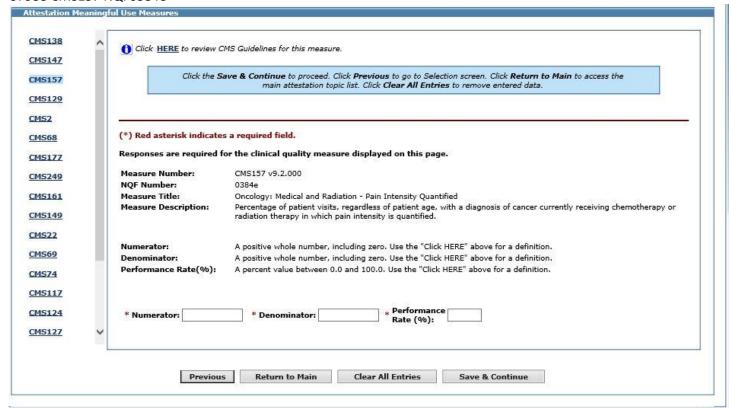
UI 925 CMS138 NQ0028e

MS147	Click HERE to review (CMS Guidelines for this measure.		
MS157	Click the S		vious to go to Selection screen. Click Return Click Clear All Entries to remove entered data	
MS129		man attended topic natio	mar deal fin Endies to remove entered data	
MS2				
MS68	(*) Red asterisk indicate	s a required field.		
MS177	Responses are required	for the clinical quality measure disp	played on this page.	
MS249	Measure Number:	CMS138 v9.2.000		
M5249	NQF Number:	0028e		
MS161	Measure Title:	Preventive Care and Screening: Tol	bacco Use: Screening and Cessation Intervention	on'
MS149	Measure Description:		rs and older who were screened for tobacco us n intervention if identified as a tobacco user. T	
MS22			18 years and older who were screened for toba	cco use one or more times within 12
CMS69		months. b. Percentage of patients aged 1 cessation intervention.	18 years and older who were identified as a tob	acco user who received tobacco
CM574		c. Percentage of patients aged 1	18 years and older who were screened for toba bacco cessation intervention if identified as a t	
CMS117		indiana And who received to	bacco cessación intervendon il identifica as a o	obacco useri
MS124				
<u>MS127</u> ∨	Numerator: Denominator: Performance Rate(%): Exception:	A positive whole number, including A percent value between 0.0 and 10	zero. Use the "Click HERE" above for a definiti zero. Use the "Click HERE" above for a definiti 00.0, Use the "Click HERE" above for a definiti zero. Use the "Click HERE" above for a definiti	on. n.
	Population 1			
	Population 1 * Numerator 1:	* Denominator 1:	* Performance Rate 1(%):	* Exception 1:
		* Denominator 1:	* Performance Rate 1(%):	* Exception 1:
	* Numerator 1:	* Denominator 1: * Denominator 2:	* Performance Rate 1(%): * Performance Rate 2(%):	* Exception 1: * Exception 2:
	* Numerator 1:			
	* Numerator 1: Population 2 * Numerator 2:			
	* Numerator 1: Population 2 * Numerator 2: Population 3	* Denominator 2:	* Performance Rate 2(%):	* Exception 2:
	* Numerator 1: Population 2 * Numerator 2: Population 3	* Denominator 2:	* Performance Rate 2(%):	* Exception 2:

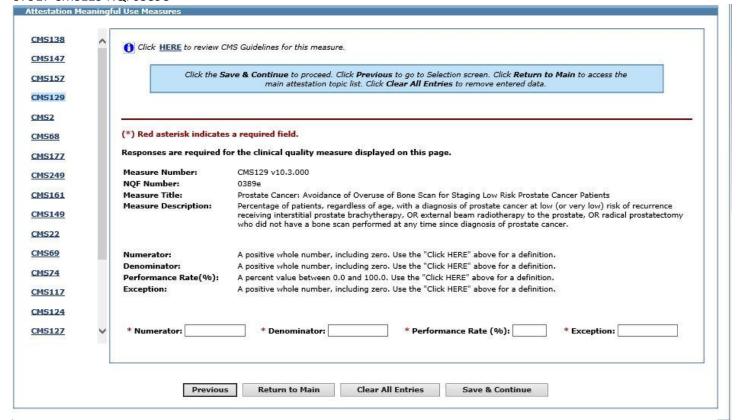
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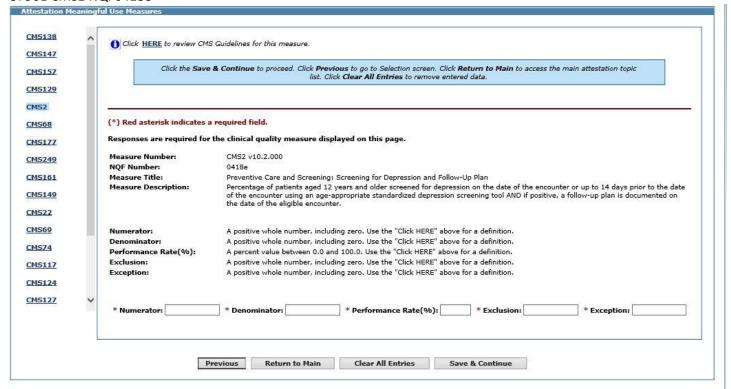
UI 938 CMS157 NQF0384e



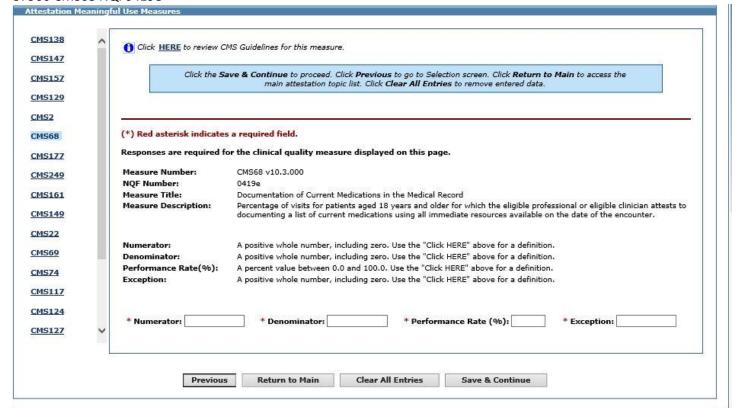
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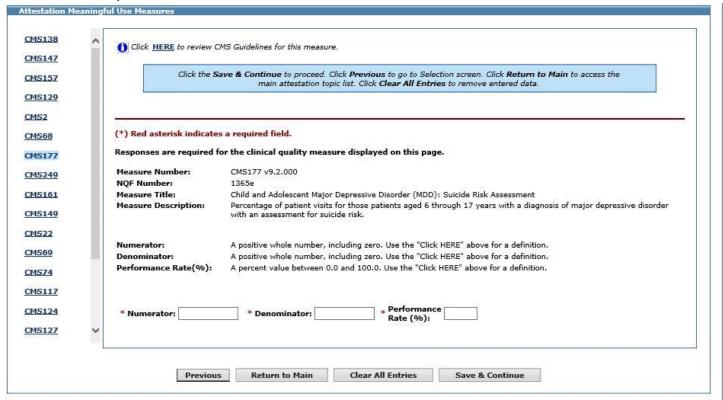
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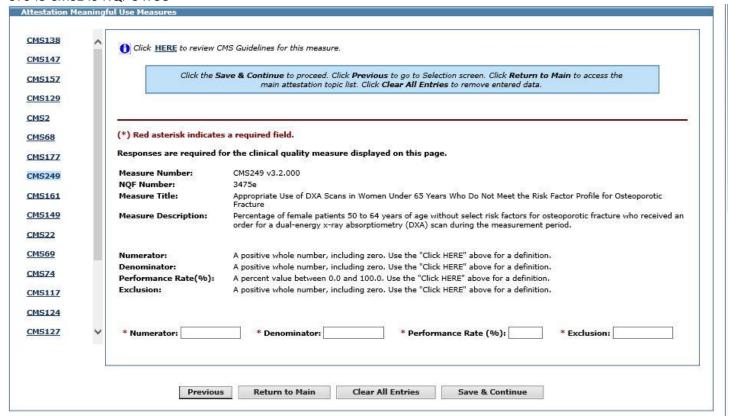
UI 906 CMS68 NQF0419e



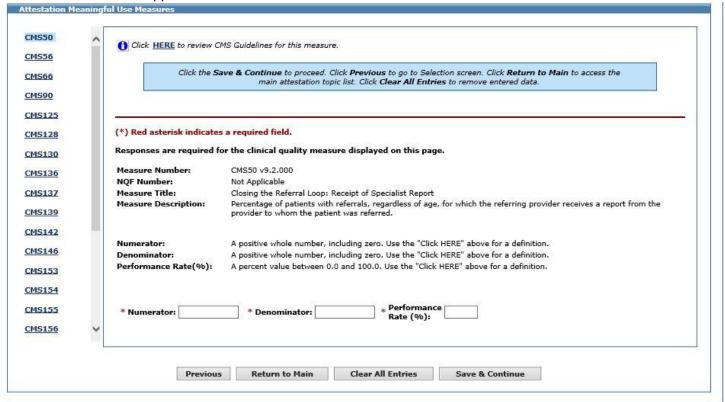
UI 942 CMS177 NQF1365e



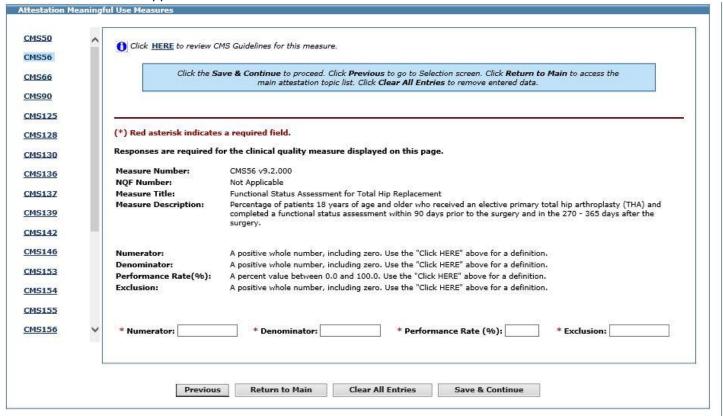
UI 943 CMS249 NQF 3475e



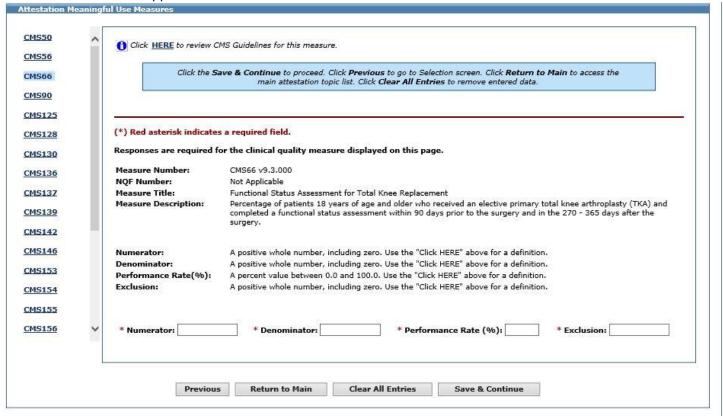
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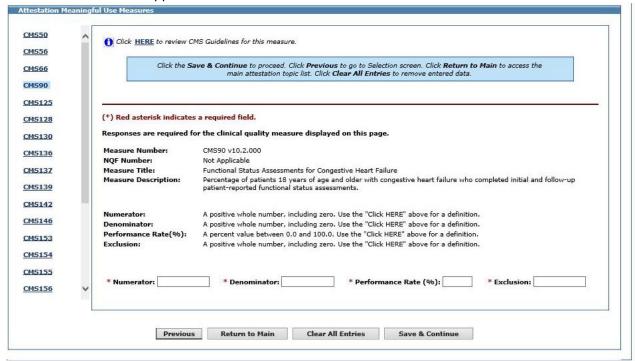
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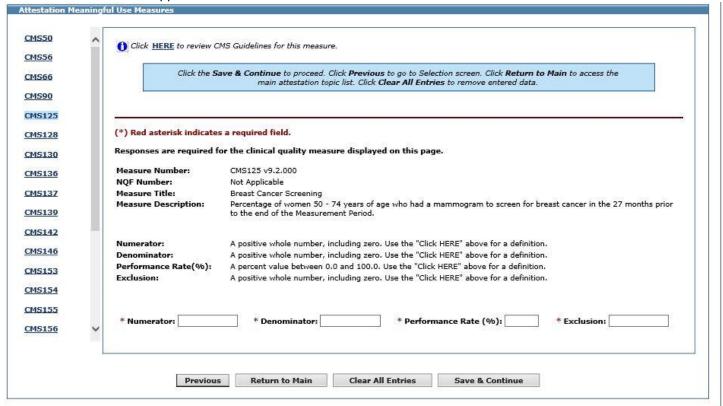
UI 905 CMS66 NQF not applicable



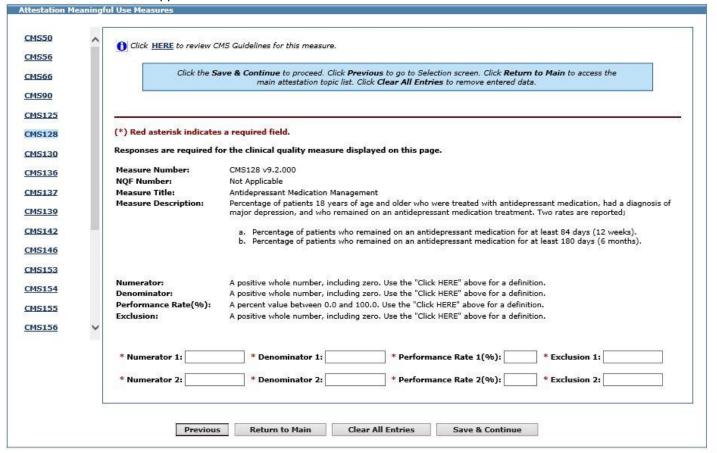
UI 910 CMS90 NQF not applicable



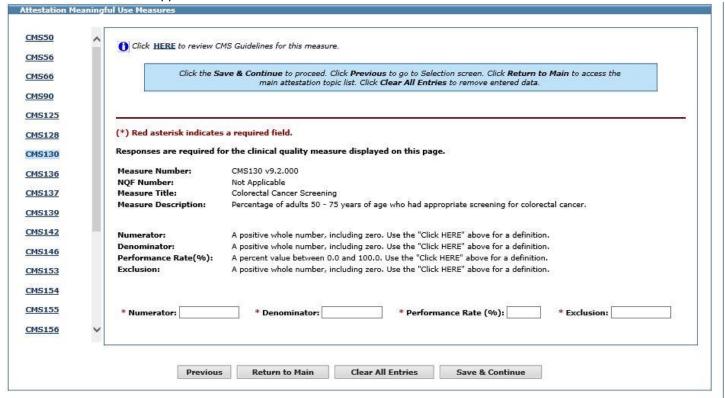
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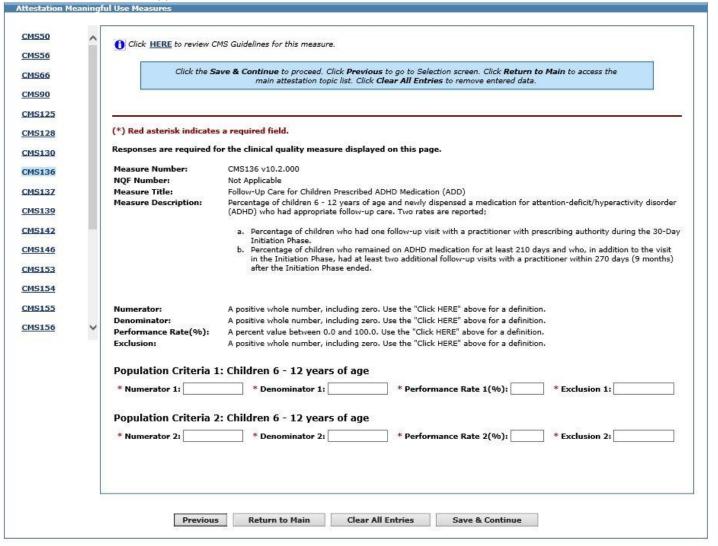
UI 916 CMS128 NQF not applicable



UI 918 CMS130 NQF not applicable



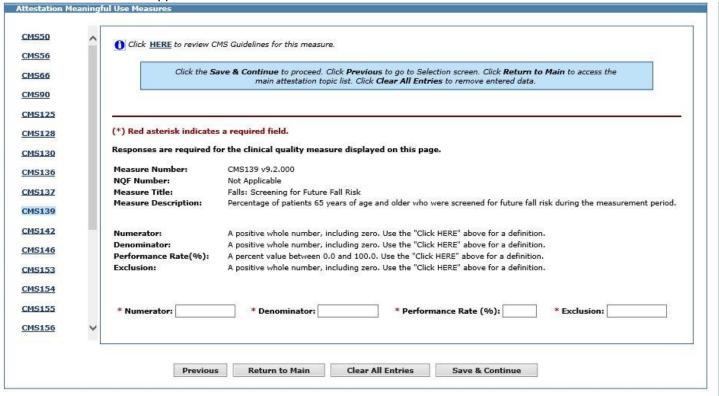
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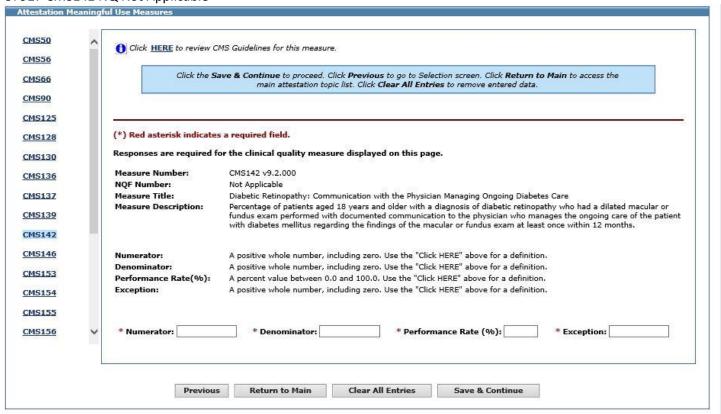
UI 924 CMS137 NQF not applicable

4S56	U CACK HERE TO VEVIEW C	CMS Guidelines for this measure.
MS66	Click the S	Save & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.
MS90		
MS125		
45128	(*) Red asterisk indicate	es a required field.
MS130	Responses are required f	for the clinical quality measure displayed on this page.
MS136	Measure Number:	CMS137 v9.3.000
	NQF Number:	Not Applicable
MS137	Measure Title:	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
MS139	Measure Description:	Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported;
MS142		a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of
MS146		AOD abuse or dependence within 14 days of the diagnosis. b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated
MS153		treatment with a medication, at least one of the two engagement events must be a treatment intervention.
CMS154		
MS155	Numerator:	
		A positive whole number, including zero. Use the "Click HERE" above for a definition.
MONES II	Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition.
MS156 V		[18] 바이트 (18] 18] 18[1
MS156 V	Denominator: Performance Rate(%): Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
MS156 V	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1:
<u>MS156</u> ∨	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1:
<u>MS156</u> ∨	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1:
CM5156 ∨	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:
CM5156 ∨	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2: Stratum 2: Patients	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * * Denominator 2: * Performance Rate 2(%): * Exclusion 2: * age >=18 at the end of the Measurement Period
CM5156 ✓	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2: Stratum 2: Patients * Numerator 3: * Numerator 4:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * Denominator 2: * Performance Rate 2(%): * Exclusion 2: age >=18 at the end of the Measurement Period * Denominator 3: * Performance Rate 3(%): * Exclusion 3: * Performance Rate 4(%): * Exclusion 4:
<u>M5156</u> ∨	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2: Stratum 2: Patients * Numerator 3: * Numerator 4: Stratum 3: Total Patients	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * * Denominator 2: * Performance Rate 2(%): * Exclusion 2: * age >=18 at the end of the Measurement Period * Denominator 3: * Performance Rate 3(%): * Exclusion 3: * * Denominator 4: * Performance Rate 4(%): * Exclusion 4: * tients age >=13
CM5156 ✓	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2: Stratum 2: Patients * Numerator 3: * Numerator 4:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * Denominator 2: * Performance Rate 2(%): * Exclusion 2: age >=18 at the end of the Measurement Period * Denominator 3: * Performance Rate 3(%): * Exclusion 3: * Performance Rate 4(%): * Exclusion 4:
2MS156 ✓	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2: Stratum 2: Patients * Numerator 3: * Numerator 4: Stratum 3: Total Patients	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * * Denominator 2: * Performance Rate 2(%): * Exclusion 2: * age >=18 at the end of the Measurement Period * Denominator 3: * Performance Rate 3(%): * Exclusion 3: * * Denominator 4: * Performance Rate 4(%): * Exclusion 4: * tients age >=13
:MS156 V	Denominator: Performance Rate(%): Exclusion: Stratum 1: Patients * Numerator 1: * Numerator 2: Stratum 2: Patients * Numerator 3: * Numerator 4: Stratum 3: Total Patients * Numerator 5:	A positive whole number, including zero. Use the "Click HERE" above for a definition. A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition. age 13 - 17 at the end of the Measurement Period * Denominator 1: * Performance Rate 1(%): * Exclusion 1: * Denominator 2: * Performance Rate 2(%): * Exclusion 2: age >=18 at the end of the Measurement Period * Denominator 3: * Performance Rate 3(%): * Exclusion 3: * Denominator 4: * Performance Rate 4(%): * Exclusion 4: tients age >=13 * Denominator 5: * Performance Rate 5(%): * Exclusion 5:

UI 926 CMS139 NQF not applicable



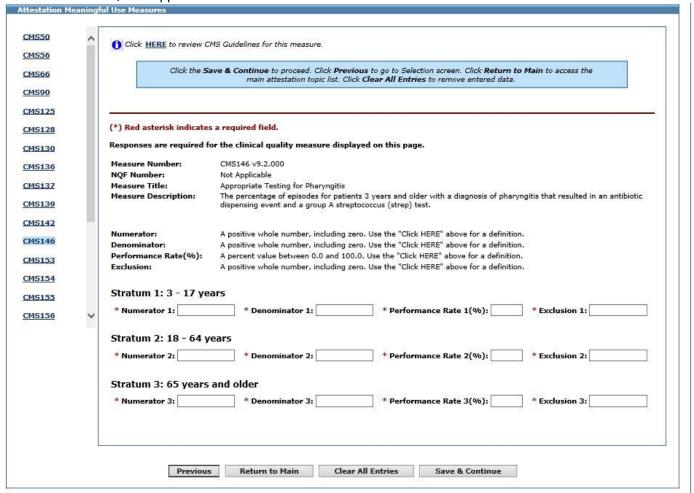
UI 927 CMS142 NQ Not Applicable



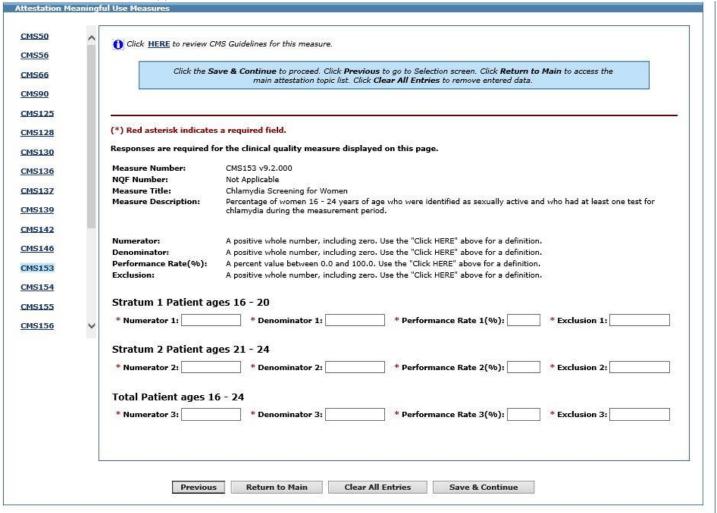
UI 927

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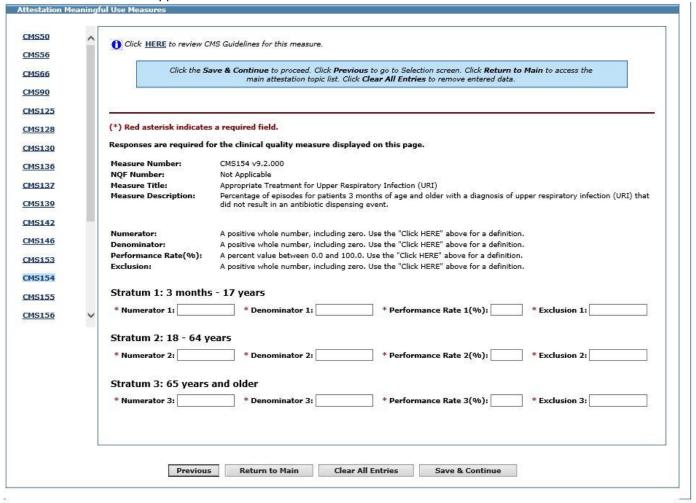
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UI 934 CMS153 NQF not applicable



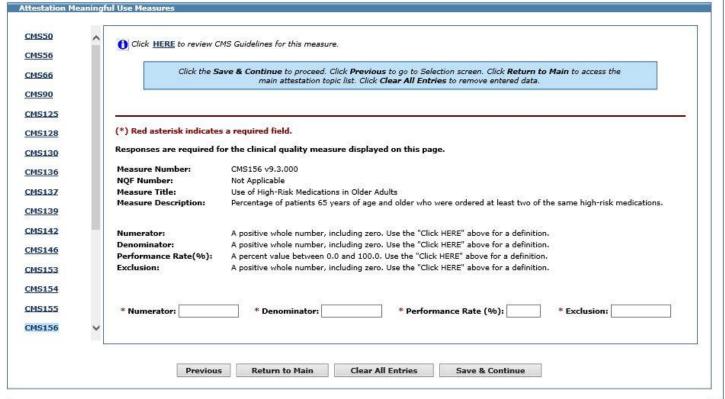
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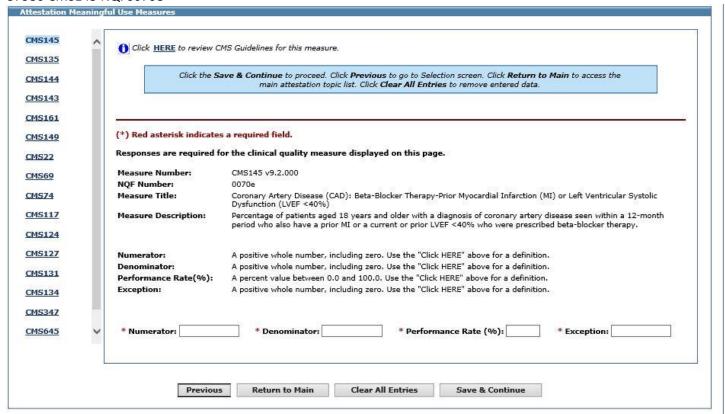
UI 936 CMS155 NQF not applicable

-23		Click the Sa	ve & Continue to proceed. Click Previous to go to Selection screen. Click Return to Main to access the	
6		main attestation topic list. Click Clear All Entries to remove entered data.		
0				
25		a		
28		(*) Red asterisk indicates	a required field.	
130 136		Responses are required for the clinical quality measure displayed on this page.		
		Measure Number:	CMS155 v9.2.000	
		NQF Number:	Not Applicable	
37		Measure Title: Measure Description:	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Percentage of patients 3 - 17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or	
39		8	Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported;	
142			\$ 8	
46			 a. Percentage of patients with height, weight, and body mass index (BMI) percentile documentation. b. Percentage of patients with counseling for nutrition. 	
53			c. Percentage of patients with counseling for physical activity.	
54		Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.	
55		Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition.	
5156	~	Performance Rate(%): Exclusion:	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition. A positive whole number, including zero. Use the "Click HERE" above for a definition.	
		* Numerator 1: * Numerator 2: * Numerator 3: Stratum 2 Patient ag	* Performance Rate 1(%):	
		* Numerator 4:	* Denominator 4: * Performance Rate 4(%): * Exclusion 4:	
		* Numerator 5:	* Denominator 5: * Performance Rate 5(%): * Exclusion 5:	
		* Numerator 6:	* Denominator 6: * Performance Rate 6(%): * Exclusion 6:	
		Total Patient ages 3	- 17	
		* Numerator 7:	* Denominator 7: * Performance Rate 7(%): * Exclusion 7:	
		* Numerator 8:	* Denominator 8: * Performance Rate 8(%): * Exclusion 8:	
		* Numerator 9:	* Denominator 9: * Performance Rate 9(%): * Exclusion 9:	

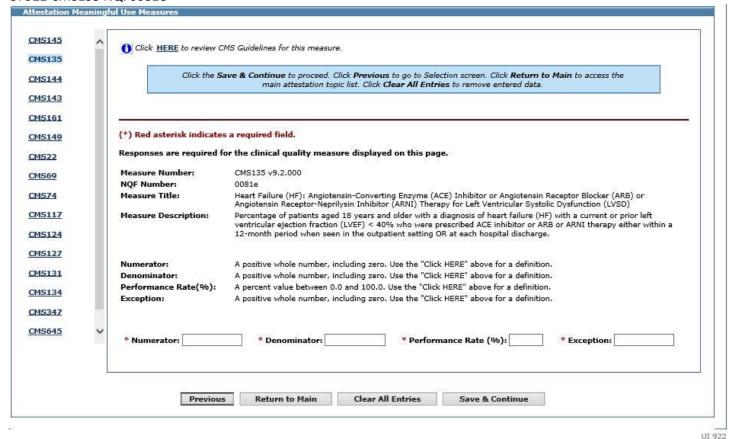
UI 937 CMS156 NQF not applicable



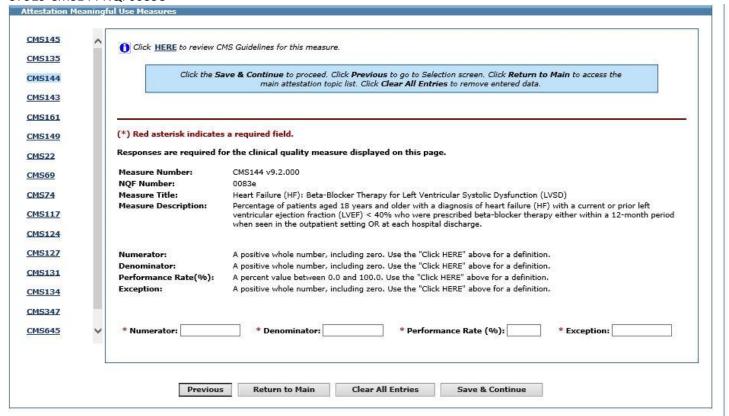
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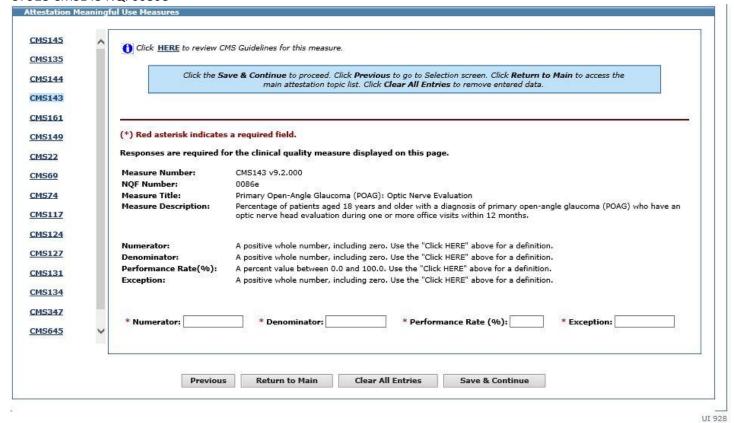
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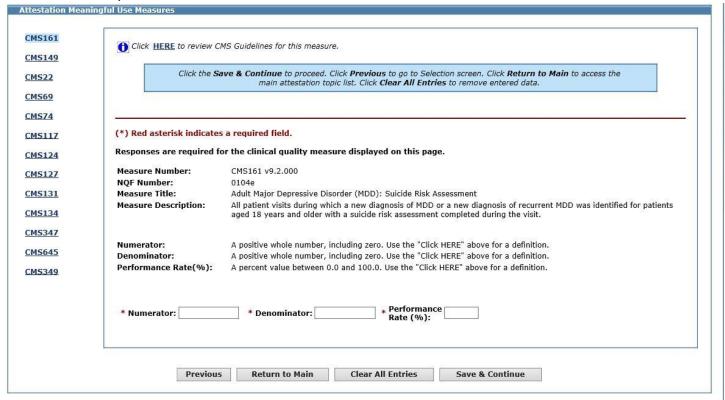
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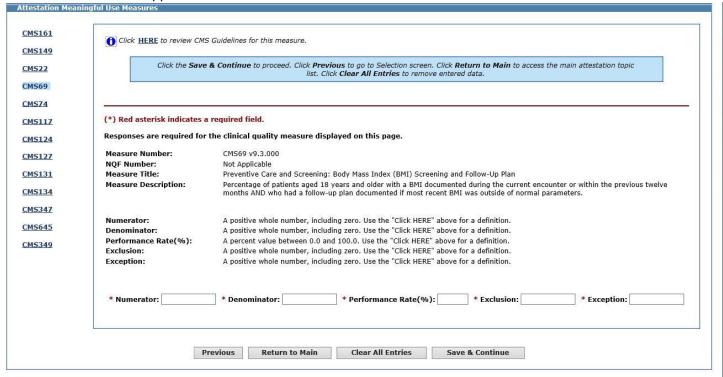
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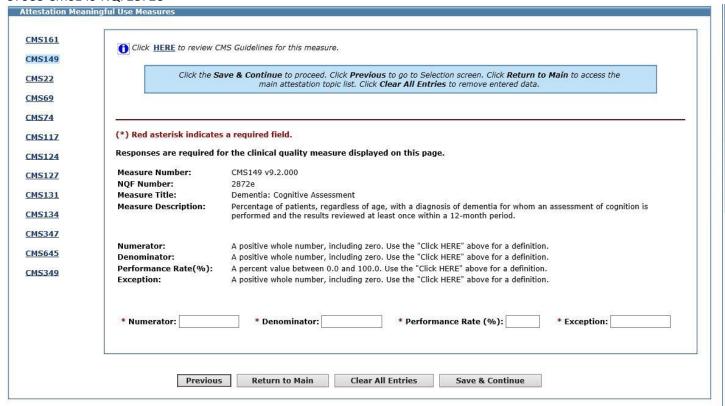
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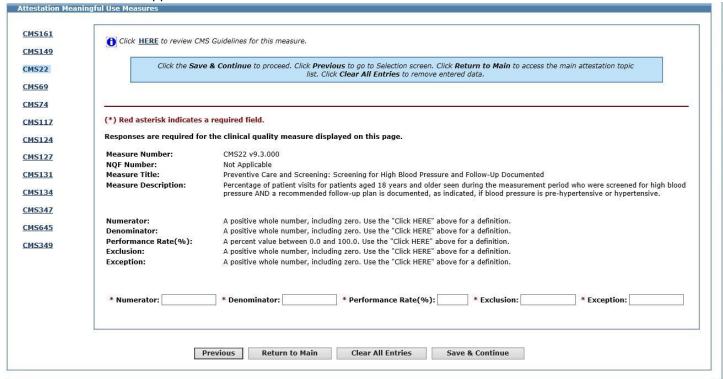
UI 907 CMS69 NQF not applicable



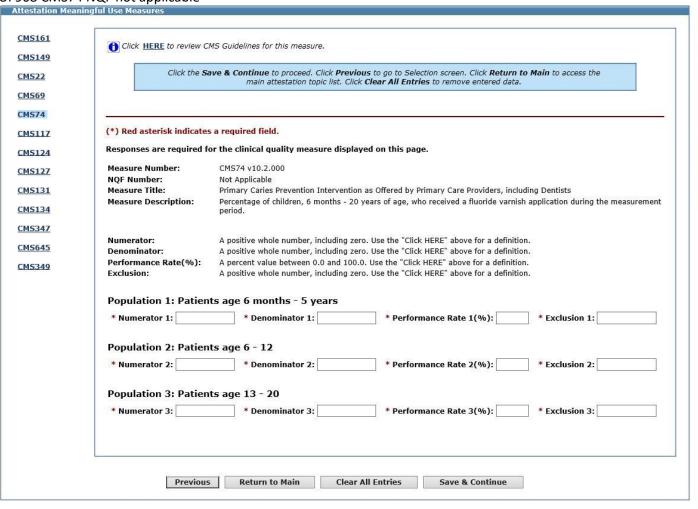
UI 933 CMS149 NQF2872e



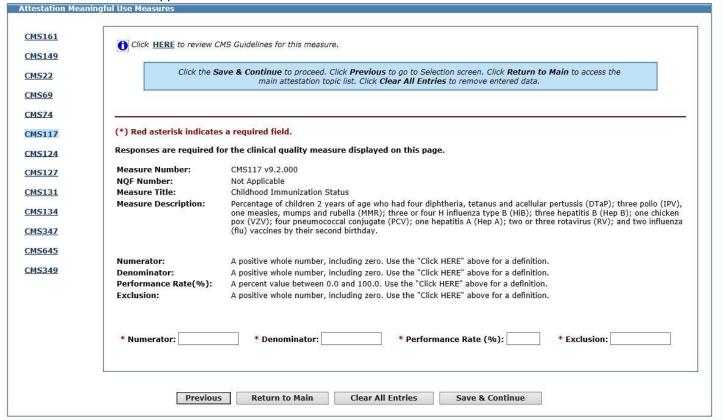
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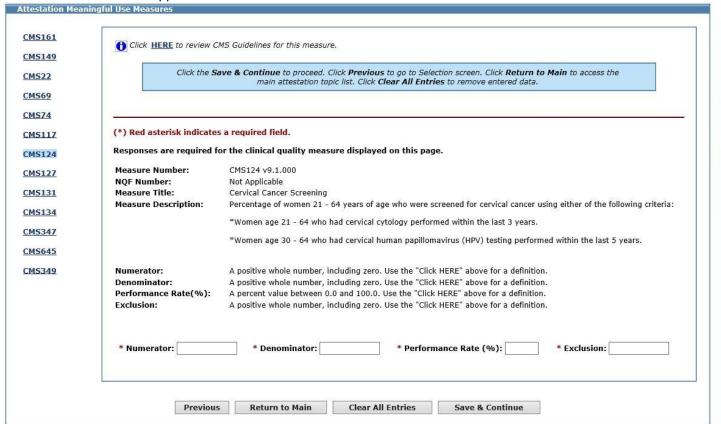
UI 908 CMS74 NQF not applicable



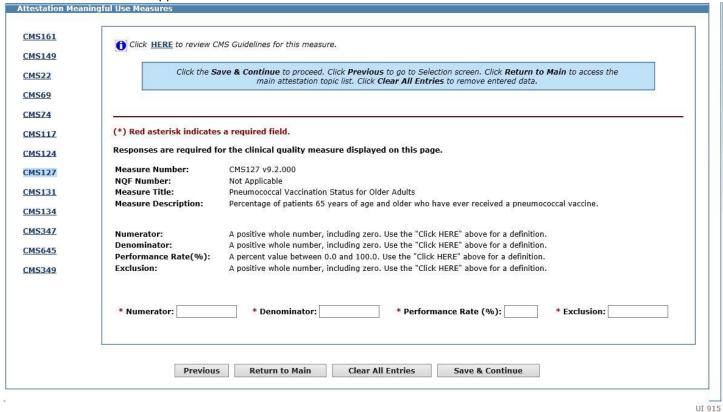
UI 840 CMS117 NQF not applicable



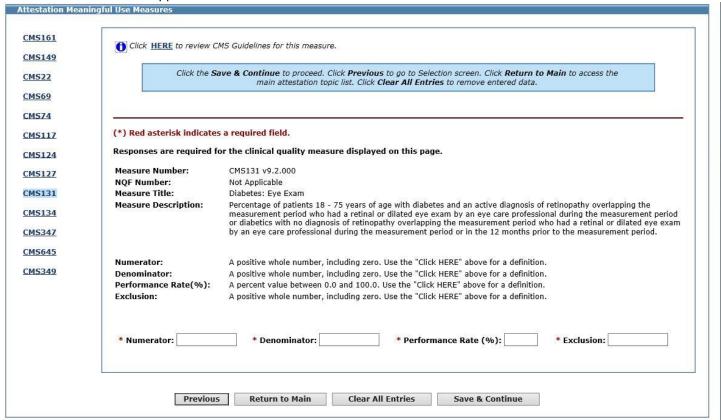
UI 913 CMS124 NQF not applicable



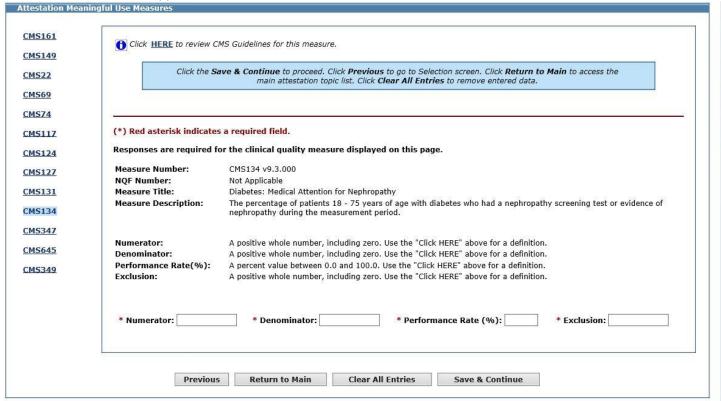
UI 915 CMS127 NQF not applicable



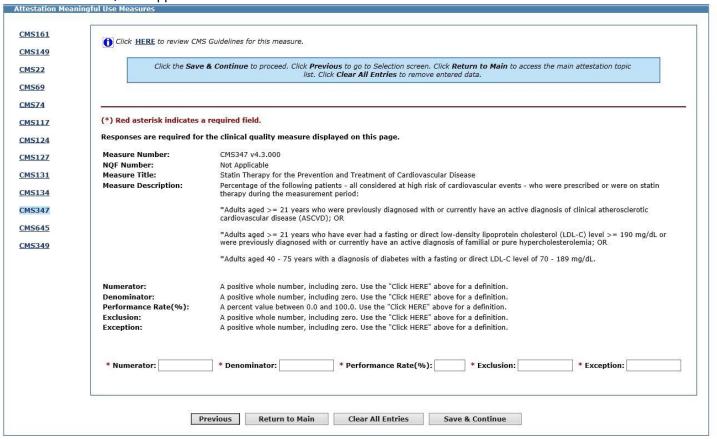
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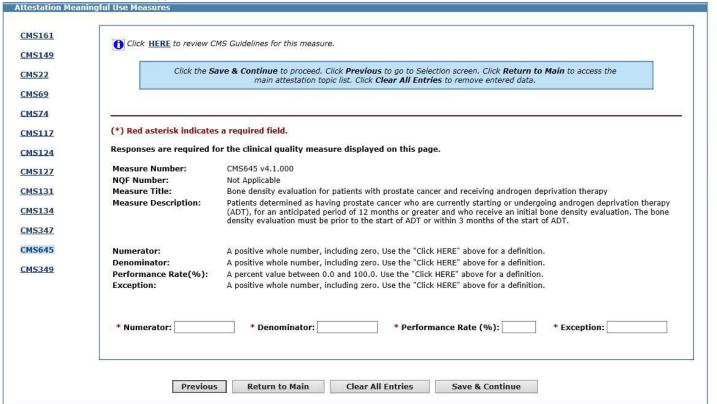
UI 921 CMS134 NQF not applicable



UI 944 CMS347 NQF not applicable



UI 946 CMS645 NQF not applicable



UI 945 CMS349 NQF not applicable

